

Name: _____

Monthly Budget

EHLP

Income

Gross: _____

Net: _____

Fixed Expenses

Auto

Auto Insurance

Auto Loan

Child Support/Alimony

Credit Card Min Payments

Credit Card Min Payments

Housing Payment

1st mortgage

2nd mortgage

Other Mortgages

Home Owners Assoc.

Home Equity Line

Homeowners/Renters Insurance

Property Tax

Rent

Installment Loans

Installment loan

Insurance

Medical

Utilities

Cable TV

Cell Phone

Telephone

Water/Sewer

Discretionary Expenses

Food and Groceries

Miscellaneous

Public Transportation

Balance
